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Domestic abuse and elder abuse in Wales: A tale of two initiatives

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Domestic abuse and elder abuse in Wales: A tale of two initiatives

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Abstract

The abuse of older people in domestic settings is both a public health problem and a human rights issue. In 2013, the Welsh Government used its new legislative powers and embarked upon two initiatives in the areas of adult safeguarding and domestic abuse, leading to the introduction of two pieces of primary legislation. First, the Social Services and Well-being (Wales) Act 2014, which placed safeguarding 'adults at risk' on a statutory basis and imposed new duties on local authorities. Second, the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, which addressed how public-sector bodies responded to domestic abuse and introduced a more strategic approach. Using research based in Wales, this article discusses the extent to which the two pieces of legislation promote a collaborative and integrated response from adult safeguarding and domestic abuse services and highlights some implications for practice. More strategic alignment between the two Acts will create an environment within which older victim-survivors of domestic abuse have equal access to justice options and support services as their younger counterparts.

Keywords

Adult safeguarding

Domestic abuse

Elder abuse

Human rights

Wales

Well-being

Domestic abuse and safeguarding older people in Wales: a tale of two initiatives

Introduction

Two early examples of the National Assembly for Wales using its newly acquired primary law-making powers were the Social Services and Well-being (Wales) Act 2014 (the 2014 Act) and the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (the 2015 Act). Both apply exclusively to Wales. Although the Care Act 2014 in England and the Adult Support and Protection (Scotland) Act 2007 in Scotland address adult safeguarding, neither nation has legislation similar to the 2015 Act. However, the Parliaments in Westminster and Scotland are each debating new domestic abuse laws. The Scottish legislation will criminalise psychological abuse and coercive or controlling behaviour, bringing Scottish criminal law in line with England and Wales.

These two Welsh initiatives recognise the need to protect and promote older people's rights, although they operate within a more restrictive devolution settlement for Wales. Notably, criminal justice and policing are not devolved. Using non-devolved resources for devolved purposes leads to accusations of 'devolution creep' and to a failure to ring-fence funding for non-devolved domestic violence and abuse initiatives such as the Multi-Agency Risk Assessment Conference (National Assembly for Wales, 2016). This article considers whether current legal and practitioner frameworks within Wales enhance the ability of adult social workers to respond to older people experiencing domestic abuse. As older people are major users of social care, adult social workers are well placed to identify and support those experiencing abuse (Robbins *et al.*, 2014). Do the 2014 Act and the 2015 Act promote integration between domestic abuse services and those available for victim-survivors of elder abuse? To what extent do they address the tendency to treat 'elder abuse' as differing from 'domestic abuse'?

Domestic abuse and elder abuse

Domestic abuse and elder abuse are recognised global public health and human rights issues (World Health Organisation, 2013; Dong, 2015; Pillemer *et al.*, 2016; Yon *et al.*, 2017). However, in policy and practice they are often seen as distinct entities, with the distinctions appearing ‘ambiguous and blurred’ (Kilbane and Spira, 2010, p. 165). How the two are defined is important as this determines the content of legislation and eligibility for support. In the United Kingdom, the definition of domestic abuse is,

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial, [and] emotional (Home Office, 2016, p. 1).

Therefore, domestic abuse involves coercive or controlling patterns of behaviour where the harmer uses social isolation, extreme surveillance and threatening behaviour to control the victim-survivor. This behaviour constitutes ‘coercive conduct’ (Tadros, 2005) or ‘coercive control’ (Stark, 2009). Coercive control has severe and debilitating consequences for the health and well-being of those who experience it (Kelly *et al.*, 2014).

There is no internationally accepted definition of elder abuse and ‘definitions are in a state of flux’ (Phelan, 2014, p. 7). Professionals conceptualise most definitions with little consideration of the perceptions of older people or the heterogeneity within older populations (Walsh and Yon, 2012). Notwithstanding the many definitions, there is consensus on the manifestations of elder abuse (Penhale, 2008) described as physical, psychological/emotional, sexual, financial/material, neglect (by omission or commission) and discriminatory abuse. Within each category, the abusive behaviour may take different forms and individuals may experience more than one type of abuse as part of a general pattern of perpetrator behaviour.

As Penhale (2003) acknowledges, while there are similarities between domestic abuse and elder abuse, there are also differences. Both refer to behaviours and repeated incidents taking place within the context of intimate and familial relationships, with victim-survivors reporting similar effects including depression, social isolation and low self-esteem. As for the differences, victim-survivors of elder abuse are more likely to have physical and mental health needs than younger people. Initially, in developing policy and practice on elder abuse, the emphasis was on differences, hence references to 'granny battering' (Baker, 1975) and the focus on care-giver stress as a key factor in its aetiology (Zarit and Toseland, 1989). Defining abuse as a result of physical frailty, mental vulnerability and dependency is not only potentially victim blaming, but research has failed to produce evidence that care-giver stress is a causative, as opposed to, in some cases, a contributory factor (Wolf, 2000). More recent studies of elder abuse draw on explanations of domestic abuse highlighting the gendered dynamics of power and control. This focuses more on the nature of the relationship between the victim-survivor and abuser rather than the abused person's age and physical or mental capacity (Brandl and Cook-Daniel, 2002; Lundy and Grossman, 2004). In this sense, domestic abuse in later life can be regarded as a subset of elder abuse. While it is crucial that elder abuse is recognised as domestic abuse insofar as perpetrators (intimate partners or other family members) use coercive methods as a strategy for exercising control, there may be differences when considering causality (Penhale, 2003). For example, coercive control techniques may be less apparent where abusive behaviour is a consequence of unintentional neglect.

The support and services an older person receives can depend on whether they engage with adult safeguarding or domestic abuse services. Whereas Robbins *et al.* (2016) identify a blurring of boundaries between the two systems, Scott *et al.* (2004) refer to the 'ideological gulf' separating adult safeguarding and domestic abuse services. In Wales, the *National Strategy on Violence Against Women, Domestic Abuse and Sexual Violence Consultation Document* acknowledges that:

...there is sometimes confusion between the experience of domestic abuse in later life and ‘elder abuse’ ... [which] can result in victims of abuse falling between the systems which are designed to offer them protection (Welsh Government, 2016, p. 11).

The importance of linking safeguarding systems ‘to offer a suite of support services which address all of the issues which may be faced by an older person experiencing violence and abuse’ is emphasised (Welsh Government, 2016, p. 11).

Policy and research in Wales

The 2014 Act made significant changes to adult safeguarding in Wales. Previously adult safeguarding relied on the *In Safe Hands* guidance (National Assembly for Wales, 2000). A review of the guidance concluded it was ‘partially effective; in important aspects, no longer appropriate; and not sufficiently robust’ (Magill *et al.*, 2010, p. 169). The review coincided with several Welsh initiatives aimed at older people. The *Strategy for Older People in Wales 2008-2013* talked about a ‘zero tolerance’ of abuse and disrespect of older people (Welsh Assembly Government, 2008 para 4.24). The Welsh Government recognised that complex problems facing society such as domestic abuse ‘demand specialist services delivered holistically to meet the needs of all family members’ (Welsh Assembly Government, 2007, para 1.7). In 2008, the Assembly’s Communities and Culture Committee conducted an inquiry into domestic abuse policy and support services in Wales (National Assembly for Wales, 2008). Older people’s organisations were concerned about the limited reference to domestic abuse in later life in the Government’s *Tackling Domestic Abuse: The All Wales National Strategy* (Welsh Assembly Government, 2005). The Committee identified a need to raise the profile of older people, both strategically and operationally, as potential victim-survivors of domestic abuse.

One outcome of the Communities and Culture Committee’s inquiry was the Swansea-based Access to Justice Pilot Project launched in 2010. This Pilot Project aimed to enable older victims of domestic

abuse (60 years and over) to access criminal and civil justice processes. In 2012, Clarke *et al.* evaluated the project which involved reviewing 131 detailed case studies over a 13-month period in the pilot area. A multi-method research design was adopted, which employed both quantitative and qualitative methods of data collection and analysis. Data were collected from a range of sources including: semi-structured interviews with managers and practitioners from statutory and third sector agencies (N=20) and older people (N=13); one multi-agency focus group; police records of incidents of domestic abuse; case management records; case file analysis; and process maps. The evaluation was the first study of its kind to explore detailed cases from a multi-agency perspective. The key findings of the evaluation highlighted numerous gaps in current justice provision for older people and questioned the extent to which age discrimination infringed on older peoples' basic human right to access justice in the same way as other adults. Despite highlighting the need to raise the profile of older victim-survivors of domestic abuse, there is limited evidence that the Communities and Culture Committee's report influenced service development.

Following on from the Access to Justice Pilot, the Older People's Commissioner for Wales (2014) called on the Welsh Government to act on the findings of the evaluation. The Commissioner regarded safeguarding and protecting older people from abuse one of her six priorities while in office (*Framework for Action; 2013-2017*). The Older People's Commissioner funded a pan-Wales study, the *Access to Support and Justice Report*, to highlight where the 'gaps' are in services available to older people who experience domestic abuse and hate crime (Wydall *et al.*, 2015). The study carried out 50 qualitative semi-structured interviews with practitioners and managers from twenty-one of the twenty-two Welsh local authorities, the four police forces in Wales, and the Crown Prosecution Service Cymru-Wales. The findings from the *Access to Support and Justice Report* revealed that few statutory and third sector agencies give equal access to appropriate resources for older adults when compared with younger adults. The Report highlighted the need for safeguarding and domestic abuse services to develop a more integrated approach to supporting older victim-survivors. Within the Report, the emphasis is placed on the need for older victim-survivors to receive

full access to support under adult safeguarding legislation, domestic abuse legislation, and domestic abuse support services.

Before the 2015 Act, responsibility for tackling domestic abuse and sexual violence against adults was fragmented. A 2012 report for the Minister for Local Government and Communities by the SafeLives Project concluded that when the response to domestic abuse was strategic, effective changes were achieved across public services (Welsh Government, 2012a, p. 4). The Report notes, successful policies to tackle gender-based violence, domestic abuse and sexual violence were associated with multi-agency responses. Building on this work, the Bill leading to the 2015 Act was introduced in the National Assembly following a consultation exercise (Welsh Government, 2012b).

[The legal framework](#)

Section 5 of the 2014 Act imposes a duty on local authorities to ‘seek to promote’ the well-being of people who may need care and support and their carers who may need support (Clements, 2016). ‘Well-being’ refers to several factors listed in section 2, including physical and mental health and emotional well-being; protection from abuse and neglect; domestic, family and personal relationships and securing rights and entitlements. Well-being also features in the Well-being of Future Generations (Wales) Act 2015. One of the seven goals in section 4 of that Act is to achieve a society ‘in which people’s physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.’ Ending abuse and neglect of older people contributes to a healthier society. Creating a society where older people are safe and free from domestic abuse and neglect is a feature of well-being under each Act. However, as Davies argues in the context of the Future Generations Act 2015, but equally applicable to the 2014 Act, it remains to be seen whether the well-being duties are legal ones or political aspirations (Davies, 2016).

Section 126 of the 2014 Act imposes a duty on a local authority to ‘make, or cause to be made’, enquiries where it has reasonable cause to suspect that an adult at risk is in its area. Following enquiries, the authority must decide whether to act. The definition of ‘adult at risk’ is three-

pronged. First, the adult must be experiencing, or be at risk of experiencing abuse or neglect. Second, the adult must need care and support. Third, because of these needs, the adult is unable to protect themselves against the abuse or neglect, or the risk of it. The inability to protect must arise from the need for care and support and not the abuse or neglect. This restricts those falling within the definition by excluding older people without a pre-existing need for care and support, even though they are unable to protect themselves because of the abuse or neglect (Williams, 2017).

Unlike the English Care Act 2014 guidance, the 2014 Act guidance adopts a restrictive and traditional approach to 'abuse' and 'neglect'. The English guidance includes domestic violence, modern slavery, discriminatory abuse, and organisational abuse. Including domestic violence or domestic abuse is recognition that safeguarding cases may be domestic abuse in intimate or non-intimate relationships (Department of Health, 2017, para 14.17). The Welsh guidance (Welsh Government, 2016b) does not take the definition in the 2014 Act further, although it recognises abuse can be a hate crime if motivated by race, religion, sexual orientation, transgender, or disability (paras 26-27). The absence of domestic abuse from the Welsh guidance is a missed opportunity to reinforce the link with the safeguarding of older people and may deter practitioners from exploring domestic abuse justice options when responding to the abuse of people aged 60 years and over and encourage a welfare-based response. There is a risk of diverting older people out of the domestic abuse support framework and into a welfare-centric approach, thereby reducing the ability to use civil and criminal justice options. While justice options are not always desirable, older victim-survivors are entitled to make informed decisions on whether they wish to pursue such options.

The 2015 Act develops a strategic focus on gender-based violence, domestic abuse and sexual violence and aims to improve public sector responses. A strategic approach promotes consistent consideration of 'preventative, protective and supportive mechanisms in the delivery of services' (Welsh Government, 2015b p.6 and s.1 2015 Act). The 2015 Act provides for local and national strategies. The national strategy must specify how its objectives contribute towards achieving the

purposes of the 2015 Act, the timeframe and action proposed to achieve the objectives. The first National Strategy was published in 2016 (Welsh Government, 2016a). Welsh Government 'must ... take all reasonable steps to achieve the objectives' identified in the Strategy (s.4 2015 Act). Similar obligations are imposed on local authorities and local health boards, who may include in their strategies action they expect to be taken by other public authorities and voluntary organisations capable of contributing to achieving the objectives, depending on their consent (s.5 2015 Act). The 2015 Act also creates the office of National Advisor to advise and assist the Government. The Advisor works with the public service in Wales to promote best practice, and reviews actions taken by local authorities, local health boards, fire and rescue authorities and NHS Trusts (ss. 20-23 2015 Act).

The Government White Paper refers to imposing a 'duty' on key public-sector professionals to ensure a consistent approach to identifying victims, assessing risk and referring appropriately (Welsh Government, 2012b: para 71). Statutory guidance under s.15 of the 2015 Act may cover more general duties and functions of authorities. It may also include what is known as 'Ask and Act'; this anticipates a proactive approach by practitioners if they suspect a person is at risk. The guidance may identify:

- c) the circumstances in which it is appropriate for persons acting on behalf of a relevant authority to ask a person if he or she is suffering or at risk of gender-based violence, domestic abuse and sexual violence;
- (d) the action that is appropriate where a person acting on behalf of a relevant authority has reason to suspect that a person is suffering or at risk of gender-based violence, domestic abuse and sexual violence... (s.15(2)(c) & (d) 2015 Act).

A consultation paper on Ask and Act was published in 2015 (Welsh Government, 2015a). Thus far, Ask and Act has not been implemented, although pilot studies are underway. The consultation

paper states that some older people may find it difficult to disclose given ‘traditional notions’ of hiding problems, particularly if the perpetrator is a family member (see also Wydall and Zerk, 2017). Practitioners must consider the barriers older people experience in disclosing and how these can be mitigated (Welsh Government, 2017, p. 26). Ask and Act will allow practitioners to address the issue, especially where the older person uses health and social care services. The consultation document points out that services to support those experiencing domestic abuse were, in the past, limited and that older people need to be made aware of current choices (Welsh Government, 2015a, p. 82). The National Strategy states that Government will ‘fully implement’ Ask and Act, although no date is given (Welsh Government, 2016a, p. 24 -25).

Critique of the legislation and policy

Despite the 2014 Act and the 2015 Act passing through the Assembly at similar times, each was considered in isolation. There is only one cross-reference to the 2014 Act in the 2015 Act which refers to the need for local authorities and health boards when developing their domestic abuse strategy, to have regard to the statutory assessment of the need for care and support under the 2014 Act. The evaluation of Access to Justice highlights that older people experiencing domestic abuse are more likely to be supported under safeguarding and welfare-based processes within social care and health care authorities’ remits (Clarke *et al.*, 2012). The 2014 Act is especially relevant for health and social care practitioners whose clients are likely to include older people. Approximately two-thirds of adults receiving social care in Wales are aged 65 years and over (Stats Wales, 2017). Also, there has been a tendency to ‘welfarise’ older victim-survivors of domestic abuse by health and social care practitioners. (Clarke *et al.*, 2012).

Coercive Control

An area where integration of law, policy and practice is beneficial is coercive or controlling behaviour. Since the 1990s, domestic abuse researchers, practitioners and policy makers sought to raise awareness of coercive or controlling behaviour as a pattern of intimidating and threatening behaviours occurring within abusive relationships (Bettinson, 2016). As noted above, the cross-

government definition of domestic violence and abuse refers to ‘any incident or patterns of incidents of controlling, coercive, threatening behaviour, violence or abuse’ (Home Office, 2016;p.1).

The criminalisation of controlling or coercive behaviour in intimate or family relationships by s.76 Serious Crimes Act 2015 recognised its centrality in domestic abuse. Proving it to the criminal law standard of evidence is complicated (see Crown Prosecution Service, 2016). Stark (2012) notes, coercive or controlling behaviour can be missed or masked by the violent incident model. The violent incident model ‘equates abuse with discrete assaults and gauges severity by the degree of injury inflicted or threatened’ (Stark, 2012, p 211). Coercive control is a typical feature of abusive relationships but can be missed by police and others.

Her Majesty’s Inspectorate of Constabulary (2014) identifies the need to change police practice by encouraging early recognition of coercive control as an ongoing pattern of abuse. Reframing abuse as a pattern of behaviours could have prevented conduct that resulted in domestic homicides. A United States study on coercive control and physical violence in older adults found that:

Findings indicate that experiencing emotional coercive control committed by an intimate during one’s lifetime, experiencing trauma, poor health, low levels of social support, and living alone are significantly associated with an increased risk of physical abuse after the age of 60. (Policastro and Finn, 2017, p. 233-234).

An act of violence towards an older person may be the focus of an inquiry by a local authority under s.126 of the 2014 Act. Safeguarding measures may be put in place involving respite care or support for a carer. However, this may inadvertently reinforce the environment under which coercive or controlling behaviour has existed, maybe for the entire relationship. A preoccupation with the violent incident(s) may obscure a deeper-rooted issue. A welfare-centric approach may lead to missed opportunities to explore civil and criminal options more accessible to younger victim-survivors.

The 2014 Act guidance refers to coercive control as an example of abuse and neglect. The guidance notes that in the event of a refusal by the adult at risk to participate in a statutory enquiry, consideration must be given to the possibility that the refusal is because of coercion or undue influence. An Authorised Officer with responsibility for deciding whether to obtain a power of entry under an Adult Support and Protection Order, should be able to identify coercive control and its effects on adults at risk as one of the purposes of the Order to ensure that the adult is speaking freely (Welsh Government, 2016b).

[Implementing and Aligning the 2014 and 2015 Acts](#)

In 2016, the National Assembly's Equality, Local Government and Communities Committee published a post-legislative scrutiny report of the 2015 Act which raised concerns about the pace and consistency of its implementation (Equality, Local Government and Communities Committee, 2016; Johnson, 2017). Stakeholders said that more attention was given to the 2014 Act than the 2015 Act. A similar point was made about the Well-being of Future Generations (Wales) Act 2015. The delay in implementation led to the National Advisor asserting that:

‘There is a resultant risk that the [2015] Act will be considered in isolation rather than part of an integrated Welsh approach to improving social, economic and cultural wellbeing.’ (Equality, Local Government and Communities Committee, 2016, p. 10).

Also, it was noted that the initial draft of the 2015 Act National Strategy lacked detail. Furthermore, consultees commented that survivors' views on service provision were not adequately represented in the National Strategy. In the Senedd debate (Senedd, 2017), the Committee expressed concern about delays in implementation; assurances were given that steps would be taken to address this. The Committee said the National Advisor did not have sufficient capacity to monitor delivery of the 2015 Act. The Welsh Government announced a review of the National Advisor's role and the

resources required to assist local authorities in developing their strategies; the review is due to be finalised in May 2018.

The pace of implementation of the 2015 Act impacts on local authorities' ability to develop strategies to protect older victim-survivors of domestic abuse. It is difficult for practitioners to identify how, given the legislation, they should approach referrals of an older person experiencing domestic abuse who does or does not also have care and support needs. Furthermore, it takes time to change working practices to ensure that older people experiencing domestic abuse have the same access to support as those under 60 years of age. This gap in provision is exacerbated unless sufficient resources are in place to embed the 2015 Act locally, regionally and nationally. Indeed, it is likely that both Acts will increase the demand for services, making it vital that commissioners are aware of the need to ensure that the core aims of each Act are aligned to provide effective use of resources.

Implications for Practice

Workload

The United Kingdom's programme of austerity has 'led to an unprecedented assault on the resources needed to maintain older people in the community' (Lymbery, 2014, p. 367) and higher thresholds for social care eligibility (Glasby *et al.*, 2015). The scale of the cuts in social spending and the rationing of resources severely constrained the work of statutory bodies. Staff capacity issues may limit the opportunities social workers have for developing productive working relationships with clients. Indeed, in Wales, there is evidence that statutory agencies resort to 'case management by telephone' (Wydall *et al.*, 2015, p.6). Such workload pressures inhibit the development of a 'person-centred' ethos within adult safeguarding, as recommended in recent guidance (ADASS, 2015), and hinder the promotion of personalisation of adult social care in general (Lymbery and Postle, 2010). Empowerment is central to the ethos of safeguarding (Care and Social Services Inspectorate Wales, 2010) and this is recognised in the 2014 Act. However, while social workers are well placed to

provide a strength-based, person-centred response to older victim-survivors of domestic abuse, there needs to be a clear commitment to resource this significant shift in practice.

The 2014 Act lowered the threshold for intervention from 'vulnerable adult' to 'adult at risk' to encourage earlier intervention. This lower threshold will probably increase caseloads with significant consequences for adult social workers. When social work practitioners identify domestic abuse, they should establish how it is impacting on the older person and refer accordingly. However, there appear to be barriers to identifying, recording and referring domestic abuse within safeguarding infrastructures in Wales (Wydall *et al.*, 2015).

Recognising and Recording Domestic Abuse of Older People

While 'older people dominate the abuse landscape' (Mansell *et al.*, 2009, p.34), there is evidence of service providers assuming domestic violence 'stops at around 50' (Lazenbatt *et al.*, 2013, p. 28). Many factors contribute to the 'systematic invisibility' of older people in this context (SafeLives UK, 2016, p 11) and the under-recording of domestic abuse in people aged 60 years and over (McGarry *et al.*, 2014). Wydall *et al.*'s (2015) pan-Wales study found that issues such as data management, silo-working and limited knowledge of domestic abuse resources led to variation in the statutory response to older victim-survivors. With regards to data handling, local authority managers did not feel that data management systems were 'fit for purpose' for the day-to-day management of cases involving domestic abuse. While some local authorities used clear indicators to highlight suspected domestic abuse, others did not have mechanisms in place. Also, when inputting data about abuse, professionals often selected only one of the five categories (physical, emotional/psychological, financial, neglect and sexual), making it difficult to detect domestic abuse and patterns of coercive control at an individual level (Wydall *et al.*, 2015).

Given that a coordinated community response is recognised as the most appropriate strategy for tackling the complexity of domestic abuse (Shepard and Pence, 1999; Hague and Bridge, 2008), data management systems should be sophisticated enough to provide detailed individual level data to

facilitate both intra-agency and inter-agency information-sharing. As Wydall *et al.* (2015) found, restricted staff access to electronic client information influenced how and when practitioners could examine case notes to ascertain whether the abuse was domestic abuse and determine if they were able to review historical evidence to discover whether there was repeat victimisation. Ultimately, the under-recording of domestic abuse at a local level affects the development of appropriate statutory support and leads to inaccurate incidence rates at regional and international levels (Roberto *et al.*, 2014; McGarry *et al.*, 2014).

Whereas adult social care professionals can identify domestic abuse in older people, their knowledge of the pathways involved in tackling it can be limited (McLaughlin *et al.*, 2016). Wydall *et al.* (2015) found that in the 17 of the 21 local authorities consulted, adult social workers did not follow the domestic abuse pathway but went down the adult safeguarding route, irrespective of the individual needs of the older person.

[The Importance of Utilising Domestic Abuse Specialist Resources](#)

In later life, there are specific factors, such as caregiver stress, increased contact with family members following retirement, financial dependency, and potential isolation from social networks that may increase the risk of domestic abuse. Given that older women are more likely than younger women to remain in an abusive relationship, it is imperative that professionals ‘think outside the box’ when devising strategies to improve the safety of older victims (Zink *et al.*, 2006, p.852). Risk assessment is key to safety planning. The Domestic Abuse, Stalking and Harassment and Honour-Based Violence Risk Identification Checklist risk assessment tool (DASH-RIC) (SafeLives, 2014) aids specialist safety planning. The risk assessment score facilitates access to a wide range of specialist domestic abuse resources, especially in high-risk cases and is an essential social worker resource (Robbins *et al.*, 2016). Clarke *et al.* (2012) found that for older people, the DASH-RIC was not used to its full advantage. Furthermore, Wydall *et al.* (2015) found that in many local authority areas, adult social workers tended to use familiar in-house responses (e.g the Risk Assessment Recording Sheet)

and did not see the value of using the DASH RIC for older people. Thus, older people were denied access to specialist domestic abuse services because the two systems worked in parallel rather than being integrated. Domestic abuse practitioners thought that by not employing the DASH RIC, opportunities to detect domestic abuse are missed, which could have devastating consequences for victim-survivors (Clarke *et al.*, 2012; Sharp-Jeffs and Kelly, 2016).

Using a DASH-RIC means that, where appropriate, older victim-survivors can access the services of an Independent Domestic Violence Advisors (IDVA) who provides support for victims at the highest risk of serious harm or death. Robinson *et al.* (2009) found that the IDVA role is unique as it offers independent support for safety planning and access to services. The DASH-RIC also facilitates the referral of high-risk cases to a Multi-Agency Risk Assessment Conference (MARAC). MARACs represent a non-statutory, coordinated community response based on Duluth principles (Shepard and Pence, 1999). As Robbins *et al.* (2014) argue, adult social care practitioners should make use of both the MARAC and adult safeguarding systems, rather than force practice down a single channel.

Integration of Practice

Much has been written in recent years about anti-oppressive and anti-discriminatory principles informing social work theory and practice; in general, these principles promote an emancipatory ethos and a commitment to social justice (Burke and Harrison, 1998; Dominelli, 2002). In relation to older people, addressing oppression and discrimination involves recognising and tackling ageist ideologies, policies and practices that influence access to, and delivery of, support services. If practitioners are to create an empowering form of practice, then they need to appreciate that they may, albeit unwittingly, contribute to oppressive and discriminatory definitions of older service users (Wilson and Beresford, 2000). For example, this can occur when practitioners adopt a paternalistic approach towards older victims of domestic abuse because of their perceived vulnerability. Consequently, a welfare-based solution is sought and potential justice-seeking options not explored

with the older person (Clarke *et al.*, 2016). This can give rise to issues of intergenerational equity or intergenerational justice (Lowenstein, 2009).

Research suggests that adult social workers are uncertain of their role in domestic violence cases and struggle to navigate between safeguarding and domestic abuse procedures operating in parallel (McLaughlin *et al.*, 2016; Robbins *et al.*, 2016). In Wales, Wydall *et al.* (2015) report that agencies often work in silos, with little evidence of multi-agency working in the standard to medium risk cases. However, where social workers form part of a coordinated community response, and there is evidence of third sector support through the involvement of a specialist advocate, older victim-survivors can feel empowered (Clarke *et al.*, 2012).

Knowledge of local services enables adult social workers to make appropriate referrals to help reduce levels of risk and address the needs of older victim-survivors. While there is a role for social care professionals in the protection of vulnerable adults against domestic abuse, 'the current climate of austerity could jeopardise this work' (Robbins *et al.*, 2014, p. 389).

Training

The need for domestic abuse training for adult social workers is established (Heffernan *et al.*, 2014).

Training could help dispel the confusion between adult safeguarding and domestic violence and ensure that adult social workers are better able to respond to victim-survivors. However, training initiatives must be academic and experiential if they are to address the skills and knowledge deficit (Heffernan *et al.*, 2014). As noted in the Pan-Wales study, where there was integrated safeguarding and domestic abuse training, there were improved detection rates in domestic abuse cases involving older people (Wydall *et al.*, 2015).

Conclusion

While recent initiatives in Wales on domestic abuse and elder abuse are welcome, how far they foster an integrated approach to adult safeguarding and domestic abuse services is questionable.

The 2015 Act is ambitious and innovative in its intention to develop a strategic approach to tackling

gender-based harms. Also, Wales was one of the first countries to highlight the lack of reference to older people in policy development. This is exemplified in the Government's and the Older People's Commissioner's commitment to initiatives around improving older people's well-being and raising awareness about older victim-survivors across all sectors. Research in Wales indicates that positioning the domestic abuse of older people within the context of elder abuse can result in a predominately social welfare response, thus reducing access to civil and criminal justice options through domestic abuse services. This is discriminatory.

Given advances in the policy on domestic abuse and older people in Wales, the initiatives are restricted by definitional constraints and omissions in the context of domestic abuse and coercive control. Despite the two Acts going through the law-making process at the same time, each was considered in isolation. During the law-making process, Clarke *et al.* (2012) recommended a joint code of practice and the identification of shared principles to achieve a more symbiotic relationship between what became the 2014 and 2015 Acts. These were not included in the legislation or the guidance, hence an opportunity was missed.

Coercive control is a feature in abusive relationships and for older victim-survivors often not recognised. While coercive control is referred to in the guidance documents, systems and procedural limitations mean the frontline response invariably focuses on discrete incidents. This follows the 'violent incident model', rather than enabling practitioners to evidence an ongoing pattern of coercive or controlling behaviour. Adult social workers would benefit from training on opportunities for integrating adult safeguarding and domestic abuse procedures and practices. Unfortunately, implementation of the 2015 Act is behind schedule, and this restricts opportunities to align training and fulfil the well-being duties in the two initiatives. Also, reductions in public spending limits training opportunities and increase the propensity for a 'case management by telephone' culture, which is far removed from the person-centred and strength-based approaches espoused in recent social work policy and the two initiatives.

The Older People's Commissioner (2017, p. 33) refers to a 'rule of optimism' whereby practitioners place 'undue confidence' in the capacity of families to provide effective and safe care for their relatives. She argues that this can result in practitioners wrongly assessing the abuse as an unintentional singular occurrence, without considering previous behaviour and how it might be coercive or controlling. However, to what extent is it more accurately a case of a 'rule of pragmatism', whereby practitioners seek to reconcile the tension between diminishing resources and increasing demand for support?

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